

EXCESS LODGING RATE REQUEST / APPROVAL

STD. 255C (Rev. 10/2011)

*Advance Department of Personnel Administration (DPA) approval is required
for lodging rates that exceed the delegated reimbursement rates.
Submit APPROVED request with Travel Claim.*

CLAIMANT'S NAME (Print or Type) Kamala Harris		PRIMARY RESIDENCE (City, State and ZIP Code)		WORK PHONE NUMBER (Include Area Code) [REDACTED]
DEPARTMENT DOJ		DIVISION / OFFICE Exec		HEADQUARTERS CITY Sacramento
CURRENT STATE LODGING REIMBURSEMENT RATES:				
All California counties not listed below		Actual expense up to \$84 per night, plus tax		
Los Angeles and San Diego counties		Actual expense up to \$110 per night, plus tax		
Alameda, San Francisco, Santa Clara, and San Mateo counties		Actual expense up to \$140 per night, plus tax		
REGULAR TRAVEL ABOVE THE STATE RATE		ALL CONFERENCES AND CONVENTIONS		
<input type="checkbox"/> Lodging Rate above State Rate, up to \$140.00: Advance Departmental approval only <input checked="" type="checkbox"/> Lodging Rate over \$140.00: Advance Departmental and DPA approval required		<input type="checkbox"/> Conference / Convention Lodging Rate up to \$150.00: Advance Departmental approval only <input type="checkbox"/> Conference / Convention Lodging Rate over \$150.00: Advance Departmental and DPA approval required		
TRAVEL DATES	FROM (Month, Day, Year) April 01, 2012	LODGING INFORMATION	LODGING NAME Palomar	
	TO (Month, Day, Year) April 02, 2012		ADDRESS 1047 5th Avenue	
POINT OF ORIGIN San Francisco		San Diego, CA 92101		
DESTINATION - ADDRESS AND CITY San Diego		PHONE 619-515-3001	ROOM RATE \$339.00	
REASON FOR TRIP Attended a meeting with the Sheriff's Association in San Diego				


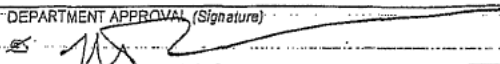

REASON(S) FOR HIGHER LODGING RATE

- | | |
|--|---|
| <input type="checkbox"/> Employee required to stay at lodging site. | <input type="checkbox"/> Lack of transportation to alternative lodging. |
| <input type="checkbox"/> Employee is handicapped and requires "reasonable accommodation." | <input checked="" type="checkbox"/> No alternative lodging available. |
| <input type="checkbox"/> State business will be conducted in late night meetings. | <input type="checkbox"/> Emergency travel. |
| <input type="checkbox"/> Cost of transportation to alternative lodging equals cost of requested lodging. | <input type="checkbox"/> Other. |

Explain why each of the above checked reasons apply. Document "Good Faith" effort to obtain lodging from 3 vendors at or below the state rate for the location of travel. Attach copies of agenda, lodging requirements, registration, etc. that help justify reasons checked above.

Although the Palomar Hotel does offer state rates, for this trip the hotel did not have a room available at government rate due to a national medical conference and other events scheduled on that day.

Request prior approval of a lodging rate in excess of the state maximum rate for this destination.

CLAIMANT'S SIGNATURE 	CLAIMANT'S TITLE Attorney General	CBID	DATE SIGNED 7/12/12
DEPARTMENT CONTACT (Print or Type) Karen Lay	DEPARTMENT CONTACT'S TITLE AGPA	DEPARTMENT CONTACT'S PHONE NUMBER 415-703-1032	
DEPARTMENT APPROVAL (Signature) 	TITLE Chief Deputy Attorney General	DATE APPROVED BY DEPARTMENT 7/12/12	
DPA APPROVAL (Signature) 	TITLE	DATE APPROVED BY DPA	

United States

Guest Folio

Room No: [REDACTED]
Arrival: 04-01-12
Departure: 04-02-12
Room Type: LXF5
Page No: 1 of 1
Confirm: [REDACTED]
Folio No: [REDACTED]
Cashier: 1006

Group:
Company:

Date	Description	Reference	Changes	Credits
04-01-12	Room Revenue		339.00	
04-01-12	Transient Occupancy Tax		35.60	
04-01-12	Tourism Marketing District Tax		6.78	
04-01-12	Tourism Assessment Tax		0.22	
04-02-12	Visa	XXXXXXXXXXXX		
		XXXXXXXXXXXX		
Total				
Balance			0.00	



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When "ONLINE" appears
click to connect to SHM Live
Chat for help or questions
about registration.

When "OFFLINE" appears
click to leave a message.

Hospital Medicine 2012

Hospital Medicine 2012 will be the largest national conference in hospital medicine, offering countless education and networking opportunities in a broad range of niches. HM11 brought together 2,700 healthcare professionals focused on transforming healthcare and revolutionizing patient care, and we expect an even larger number of attendees at HM12.

Re-energize and focus your practice with the latest research, best practices, and newest innovations the field has to offer. Connect and collaborate with a community of healthcare professionals specific to your sub-specialty in anticipation of improving patient care.

HM11 Attendee Feedback:

Hospitalists around the nation came together to deepen their knowledge and refine the skills necessary to become leaders in quality patient care at SHM's annual meeting, but HM11 provided much more than educational sessions. The meeting included countless networking opportunities and the chance to be part of the hospital medicine movement!

Important Dates

Academic Hospital
Medicine Leadership
Summit
April 1, 2012
1-5:00 p.m.

Soc

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The

Hospital Medicine 2012

San Diego, CA

Insert Your Email Here

Summit IM11 attendees had to say:

9



Home
HM12 5k Fun Run
Manchester Grand Hyatt
San Diego, CA
April 3, 2012
6:00 a.m.

"The biggest names in the business consort with the members and are available for conversation and advice during, between, and after sessions."

"With this being the fourth consecutive SHM Annual Meeting that I have attended, I can say that this is the best conference a hospitalist can possibly attend each year."

"This remains the best national meeting for networking, information, and mentoring for quality issues and clinical information."



Print



E-mail

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Phone: 800-843-3360 | Fax: 267-702-2690 | Email: webmaster@hospitalmedicine.org

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy
Statement On Reverse Side

Page _____ of _____ Pages

CLAIMANT'S NAME Kamala D. Harris			SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT Justice	
POSITION Attorney General		CB/ID No.	DIVISION or BUREAU			INDEX NUMBER
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 455 Golden Gate Ave.			TELEPHONE NUMBER
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	
			San Francisco	CA	94102	

(1) NORMAL WORK HOURS

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED

(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5)				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO, OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME										MILES	AMOUNT		
16	0800	Travel to Sacramento; Overnight in Sacto	95.73		10.00	18.00					0.00		123.73	
17	2230	Sacramento		6.00	10.00	18.00	6.00				0.00		40.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
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											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(13) SUBTOTALS			95.73	6.00	20.00	36.00	6.00	0.00		0.00	0.00	0.00	163.73	

COLUMN CODE: 1207, 1208, 1209, 1210, 1211, 1212, 1213, 1214, 1215, 1216, 1217, 1218, 1219, 1220, 1221, 1222, 1223, 1224, 1225, 1226, 1227, 1228, 1229, 1230, 1231, 1232, 1233, 1234, 1235, 1236, 1237, 1238, 1239, 1240, 1241, 1242, 1243, 1244, 1245, 1246, 1247, 1248, 1249, 1250, 1251, 1252, 1253, 1254, 1255, 1256, 1257, 1258, 1259, 1260, 1261, 1262, 1263, 1264, 1265, 1266, 1267, 1268, 1269, 1270, 1271, 1272, 1273, 1274, 1275, 1276, 1277, 1278, 1279, 1280, 1281, 1282, 1283, 1284, 1285, 1286, 1287, 1288, 1289, 1290, 1291, 1292, 1293, 1294, 1295, 1296, 1297, 1298, 1299, 1300, 1301, 1302, 1303, 1304, 1305, 1306, 1307, 1308, 1309, 1310, 1311, 1312, 1313, 1314, 1315, 1316, 1317, 1318, 1319, 1320, 1321, 1322, 1323, 1324, 1325, 1326, 1327, 1328, 1329, 1330, 1331, 1332, 1333, 1334, 1335, 1336, 1337, 1338, 1339, 1340, 1341, 1342, 1343, 1344, 1345, 1346, 1347, 1348, 1349, 1350, 1351, 1352, 1353, 1354, 1355, 1356, 1357, 1358, 1359, 1360, 1361, 1362, 1363, 1364, 1365, 1366, 1367, 1368, 1369, 1370, 1371, 1372, 1373, 1374, 1375, 1376, 1377, 1378, 1379, 1380, 1381, 1382, 1383, 1384, 1385, 1386, 1387, 1388, 1389, 1390, 1391, 1392, 1393, 1394, 1395, 1396, 1397, 1398, 1399, 1400, 1401, 1402, 1403, 1404, 1405, 1406, 1407, 1408, 1409, 1410, 1411, 1412, 1413, 1414, 1415, 1416, 1417, 1418, 1419, 1420, 1421, 1422, 1423, 1424, 1425, 1426, 1427, 1428, 1429, 1430, 1431, 1432, 1433, 1434, 1435, 1436, 1437, 1438, 1439, 1440, 1441, 1442, 1443, 1444, 1445, 1446, 1447, 1448, 1449, 1450, 1451, 1452, 1453, 1454, 1455, 1456, 1457, 1458, 1459, 1460, 1461, 1462, 1463, 1464, 1465, 1466, 1467, 1468, 1469, 1470, 1471, 1472, 1473, 1474, 1475, 1476, 1477, 1478, 1479, 1480, 1481, 1482, 1483, 1484, 1485, 1486, 1487, 1488, 1489, 1490, 1491, 1492, 1493, 1494, 1495, 1496, 1497, 1498, 1499, 1500, 1501, 1502, 1503, 1504, 1505, 1506, 1507, 1508, 1509, 1510, 1511, 1512, 1513, 1514, 1515, 1516, 1517, 1518, 1519, 1520, 1521, 1522, 1523, 1524, 1525, 1526, 1527, 1528, 1529, 1530, 1531, 1532, 1533, 1534, 1535, 1536, 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2699, 2700, 2701, 2702, 2703, 2704, 2705, 2706, 2707, 2708, 2709, 2710, 2711, 2712, 2713, 2714, 2715, 2716, 2717, 2718, 2719, 2720, 2721, 2722, 2723, 2724, 2725, 2726, 2727, 2728, 2729, 2730, 2731, 2732, 2733, 2734, 2735, 2736, 2737, 2738, 2739, 2740, 2741, 2742, 2743, 2744, 2745, 2746, 2747, 2748, 2749, 2750, 2751, 2752, 2753, 2754, 2755, 2756, 2757, 2758, 2759, 2760, 2761, 2762, 2763, 2764, 2765, 2766, 2767, 2768, 2769, 2770, 2771, 2772, 2773, 2774, 2775, 2776, 2777, 2778, 2779, 2780, 2781, 2782, 2783, 2784, 2785, 2786, 2787, 2788, 2789, 2790, 2791, 2792, 2793, 2794, 2795, 2796, 2797, 2798, 2799, 2800,

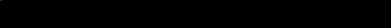
Ms. Kamala Harris
1300 I Street
Suite 1740

Joy of Life Club #:
Company Name:

Guest Name:

Room No.: 
Arrival: 08-16-11
Departure: 08-17-11
Page No.: 1 of 1
Folio No.:
Conf #: 
Cashier: 1708
Booking #:

Date	Description	Charges	Credits
08-16-11	Room Charge	84.00	
08-16-11	Occupancy Tax	10.08	
08-16-11	City of Sacramento Tourism Assessment	1.50	
08-16-11	CA Tourism Assessment	0.15	
08-17-11	Visa		95.73
Total		95.73	95.73
Balance			0.00


I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any of the full amount of these charges. I also agree that all charges contained in this account are correct and any disputes or requests for copies of charges must be made at time of departure.

Signature: _____


CLAIMANT'S NAME Kamala D. Harris		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT Justice	
POSITION Attorney General	CB/D No.	DIVISION or BUREAU		INDEX NUMBER	
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS 455 Golden Gate Ave.		TELEPHONE NUMBER	
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			San Francisco	CA	94102

(1) NORMAL WORK HOURS							(2) PRIVATE VEHICLE LICENSE NUMBER			(3) MILEAGE RATE CLAIMED				
(4) MONTH/YEAR		(5) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY	
(5) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES			AMOUNT
03/11														
23	0800	Travel from SF to San Diego; overnight in SD	123.82 147.04		10.00	18.00					0.00		175.04	
24		Travel to Imperial/Palm Springs: overnight in Palm	128.30	6.00	10.00	18.00	6.00				0.00		168.30	
25	1415	Travel back to SF		6.00	10.00		6.00				0.00		22.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(13) SUBTOTALS			275.34	12.00	30.00	36.00	12.00	0.00		0.00	0.00	0.00	365.34	

CLAIM TOTAL

3355.34
 342.12

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Boarder tour and Cathedral City Funeral Service



PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0760, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE 	DATE 5/30/11	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE 6-27-11
--------------------------	-----------------	--	-----------------

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

TERRI M. CARBAUGH
 Chief Deputy Attorney General
 Administration and Policy



SAN DIEGO

Ms Kamala Harris

United States

Guest Folio

Room No: [REDACTED]
Arrival: 03-23-11
Departure: 03-24-11
Room Type: SVKSC5
Page No: 1 of 1
Confirm: [REDACTED]
Folio No: [REDACTED]
Cashier: 25

Group:
Company:

Date	Description	Reference	Charges	Credits
03-23-11	Room Service - Dinner	[REDACTED]	[REDACTED]	
03-23-11	Room Rate	[REDACTED]	110.00	
03-23-11	Transient Occupancy Tax		11.55	
03-23-11	Tourism Marketing District Tax		2.20	
03-23-11	Tourism Assessment Tax		0.07	
03-24-11	[REDACTED]	[REDACTED]	[REDACTED]	
03-24-11	Visa	XXXXXXXXXXXX [REDACTED] XX/XX	[REDACTED]	[REDACTED]
03-24-11	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
03-24-11	Visa	XXXXXXXXXXXX [REDACTED] XX/XX	[REDACTED]	[REDACTED]
03-24-11	Visa	XXXXXXXXXXXX [REDACTED] XX/XX	[REDACTED]	[REDACTED]
Total			[REDACTED]	[REDACTED]
Balance			0.00	

123.82

Bringing life to luxury



Kamala Harris
1300 I st. suite 820
Sacramento, CA 95814
US

Folio No. :
Room No. :
Arrival : 03-24-11
Departure : 03-25-11
Cashier No. : 55
Page No. : 1 of 1

Date	Description	Charges	Credits
03-24-11			
03-24-11	Room Charge	110.00	
03-24-11	Occupancy Tax	17.05	
03-24-11	Utility Fee - \$1.25	1.25	
03-25-11			
03-25-11	Visa		
	XXXXXXXXXXXX XXXX		
Total			
Balance		0.00	

Signature: I agree to pay all charges and my signature is my authorization to charge my credit card.

150 South Indian Canyon Drive
Palm Springs, CA 92262
p 760.325.9676 f 760.969.6600
www.hotelzoso.com reservations@hotelzos

TRAVEL EXPENSE CLAIM (TEC) NOTICE OF CORRECTION
(CUT SLIP)

JUS A43 (Rev. 09/08) Page 1 of 1

Name: Kamala Harris vendor #: AAAEAELocation: EXEC SF

By TEC

Auditor: Rhonda Clark Phone: (916) 327-4166

Month/Year

of Travel: 3/11

Total Amount

Claimed: \$ 365.34

Amount

Adjusted: \$ -23.22

Total Amount

Allowed: \$ 342.12

ADDITIONAL INFORMATION:

Room service breakfast was included in the cost of lodging. \$23.22 was adjusted on the claim.

Reason(s) for TEC adjustment:

☐ Excess lodging form STD 255C - prior approval from Division Director/Dept. of Personnel Administration.☐ Maximum lodging cost for _____ County is \$ _____ Plus tax per night.☐ Lodging receipt requires zero balance.☐ Lodging receipt address/location not indicated.☐ Lodging receipt not itemized.☐ Breakfast included in room rate.☐ Meal(s) not allowed less than 50 miles from home and/or headquarters.☐ Lunch not allowed less than 24 hours.☐ Per diem adjusted due to time frame: ☐ Breakfast ☐ Lunch ☐ Dinner☐ Mileage calculated from Headquarters to destination.☐ Effective _____ the mileage rate is \$ _____ per mile.☐ Employer Pull Notice Program (EPN) enrollment required.☐ Business Expense requires receipt and/or justification.☐ Business Expense over \$25.00 requires signature on line (17).☐ Conference form JUS A-41 is required.☐ Training Registration form JUS 232 is required.☐ Rental vehicle agreement/receipt required for gasoline expense.☐ Rental vehicle/Airline tickets paid by Department.☐ In-state and out-of-state travel must be on separate Travel claims.☐ Travel in two fiscal years must be on separate Travel claims.☐ Relocation and regular travel must be on separate Travel claims.☐ Incidentals - Only one (1) per each 24-hour period.☐ Maximum 10% for tips.☐ Maximum \$10.00 daily parking at Sacramento airport.☐ Registration fees paid by the Department with check# _____

Date: _____

☐ State allows 75% reimbursement up to \$65.00 per month for public transit passes.☐ See below for amended claim process.

See Bargaining Unit Contract Article 12 and Department of Personnel Administration (DPA) rules.

AMENDED CLAIM PROCESS

- MAKE A COPY OF THE STD 262 TRAVEL EXPENSE CLAIM (TEC) THAT WAS PREVIOUSLY SUBMITTED.
- PHOTOCOPY THE NOTICE OF CORRECTION (CUT SLIP) AND ATTACH IT TO THE AMENDED TEC.
- LINE OUT ALL ITEMS THAT WERE PAID LEAVING THE DOLLAR AMOUNTS FOR ITEMS THAT WERE NOT PAID AND ATTACH ANY REQUIRED RECEIPTS OR DOCUMENTS. LINE OUT TOTAL AND WRITE THE NEW TOTAL.
- IN RED INK, MARK THE TOP OF THE TRAVEL CLAIM "AMENDED"
- IT IS IMPORTANT THE TEC MUST HAVE ORIGINAL SIGNATURES OF THE EMPLOYEE AND THE SUPERVISOR. SIGN ABOVE OR BELOW THE EXISTING SIGNATURES.
- SEND AN ORIGINAL AND ONE COPY OF THE AMENDED CLAIM.

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
-----------------------	------------------------------------	--------------------------

(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
03/11				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
(5) DATE	TIME										MILES	AMOUNT		
06	0800	Travel from SF to D.C.; overnight in DC	342.36		10.00	18.00						0.00		370.36
07		Overnight in DC	342.36	6.00	10.00	18.00	6.00					0.00		382.36
08		Overnight in DC	342.36	6.00	10.00	18.00	6.00	49.00	T			0.00		431.36
09	2000	Travel in DC		6.00	10.00	18.00	6.00					0.00		40.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			1,027.08	18.00	40.00	72.00	18.00	49.00			0.00	0.00	0.00	1,224.08

COLUMN CODE (ACCTG USE ONLY)

CLAIM TOTAL

\$1,224.08

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

NAAG Conference, Trip A4.

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE _____

3-22-11

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT.

DATE _____

3-22-11

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE _____

OUT-OF-STATE TRAVEL APPROVAL REQUEST


Pursuant to the provisions of Sections 1062,
11032, and 11033 of the Government Code and
SAM Section 0730, et seq.

Send 6 copies to: Director, Department of Finance


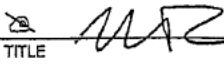
STD. 257 (REV. 5-94)

NAME AND TITLE		DOCUMENT NUMBER	
Kamala D. Harris, CA Attorney General		DATE 3/21/2011	
DIVISION	DEPARTMENT	AGENCY	
Exec	Exec	DOJ	
PURPOSE		ABSENCE DATES	
National Association of Attorneys General Annual Conference		March 6- March 9, 2011	
ITINERARY		ACTION REQUIRED:	
3/6, 8:00 a.m., travel from SFO to Washington D.C.; three nights in D.C. at conference; conference ends on 3/9.		For approval by Director (within blanket STD. 260-retain STD. 257 within Department) <input type="checkbox"/>	
TRANSPORTATION TYPE	EXPENSES NOT TO EXCEED	For approval of Agency Secretary (If appropriate), Department of Finance, and Governor.	
Air; taxi	\$2,968	Specific advance approval required <input type="checkbox"/>	
FUND		Additional funds required (BR # _____) <input type="checkbox"/>	
Trip A 4, Distributed			
REQUESTED BY Karen Lay		TITLE AGPA	



FUNDING

Allotment: _____ Unencumbered remainder after posting this estimate to allotment expenditure ledger _____ Adjustment increasing encumbrances _____ Adjustment decreasing encumbrances _____	I HEREBY CERTIFY upon my own personal knowledge that the unencumbered balance in the budget allotment for travel out-of-state shown above is correct per the Allotment-Expenditure Ledger. (After BR No. _____) ACCOUNTING OFFICER'S SIGNATURE 
--	---

DEPARTMENTAL APPROVAL

APPROVED BY	DATE	AGENCY APPROVAL	DATE
			3-22-11
TITLE		TITLE	
		Chief Deputy Attorney General	

AUTHORIZATION

APPROVED, DIRECTOR OF FINANCE	DATE	APPROVED, GOVERNOR OF CALIFORNIA	DATE
			

REQUEST TO **ATTEND** AN EVENT

JUS A41 (Orig. 11/00; Rev. 08/2010)

The term "event" refers to a conference, convention, retreat, summit, offsite, symposium, training (other than those presented by the Office of Professional Development and the Advanced Training Center), meeting, seminar, or gathering of people to discuss or consult on specific work-related subjects for the purpose of exchanging views by discussion or lecture, or gaining skills and information for the good of the state.

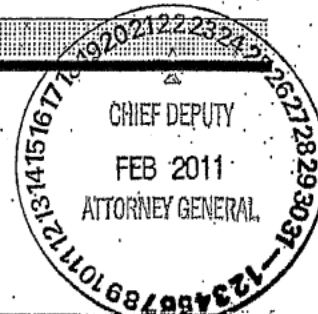
Please attach a copy of the agenda or brochure for the event.

Name of Event: NAAG 2011 Spring Meeting

Location of Event: Washington, D.C.

Date(s) of Event: March 7-9, 2011

(Each event requires a separate request for approval)



State the purpose of the event and explain how attendance will meet the program needs and not for the sole benefit of the employee(s) attending. Include the name(s), title(s), and itemize the cost for each person; costs must be broken down by type of expenses (air travel, ground transportation, parking, lodging, per diem, etc.) Attach additional information (on a separate sheet) as needed.

Note: The employee will be reimbursed only for expenses up to the amount approved.

A gathering of NAAG membership since 20 new Attorneys General were either elected or appointed. The Spring Meeting is traditionally the largest public NAAG meeting and is always held in Washington, DC to allow for interaction with federal contacts.

Kamala Harris, Attorney General

Air: \$540.00

Ground Transportation: \$136.00

Parking: 3 days @ \$50.00 = \$150.00

Lodging: 3 nights @ \$509.00 = \$1,527.00

Per diem: 40 per day for 3 days = \$120.00

Conference Fees = \$495.00

Total= \$2,968

Michael Troncoso, CDAG

Air: \$540.00

Ground transportation: \$136.00

Parking: 3 days @ \$50.00 = \$150.00

Lodging: 3 nights @ \$509.00=\$1,527.00

Per diem: 40 per day for 3 days = \$120.00

Conference Fees = \$495.00

Total= \$2,968

Program cost code and funding source (grant, General Fund, etc.) to be charged. (If there are multiple cost codes or funding sources, identify each one and the partial amount that will be applied to each source):

Cost Code: 011

Requested by Manager: MDPhone No. 324-5435Date 2/24/11Approval: Division Director/Chief Assistant: DADate 2/24/11Approval: Chief Deputy Attorney General: [Signature]Date 2/22/11

All requests must be approved through the appropriate administrative channels.

THE *Fairmont*
WASHINGTON, D.C.

2401 M Street, NW
Washington, DC USA 20037
T (202) 429-2400 F (202) 457-5010

National Association of Attorneys General
Kamala Harris
San Francisco, CA CA
US

Room : [REDACTED]
Folio # : [REDACTED]
Cashier # : [REDACTED]
Page # : 1 of 1
Group Name : NAAG

Arrival : 03-06-11
Departure : 03-09-11

Date	Description	Additional Information	Charges	Credits
03-06-11	Room Charge		299.00	
03-06-11	Room Tax		43.36	
03-07-11	Room Charge		299.00	
03-07-11	Room Tax		43.36	
03-08-11	[REDACTED] S	[REDACTED]	[REDACTED]	
03-08-11	Room Charge		299.00	
03-08-11	Room Tax		43.36	
03-09-11	Visa	XXXXXXXXXXXX [REDACTED] XX/XX		[REDACTED]
Total			[REDACTED]	[REDACTED]
Balance Due			0.00	

Thank you for choosing Fairmont Hotels & Resorts.

To provide feedback about your stay, please contact George Terpilowski, General Manager, at George.Terpilowski@fairmont.com.
We also invite you to share memories of your experience on our community forum - visit www.everyonesanoriginal.com.

For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from:
United States or Canada 1 800-441-1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, travel agent or association fails to pay for the full amount of the charges. Overdue balance subject to a surcharge at the rate of 1.5% per month (18.56% per annum). All accounts deemed delinquent may be subject to legal fees and all other costs associated with the bill. Account is payable on presentation or departure.

Thank you for choosing to stay with Fairmont Hotels & Resorts

Travel Store
11601 Wilshire Blvd.
Los Angeles, CA 90025






**** Duplicate Electronic Invoice ****

For: HARRIS/KAMALA DEVI
DEPARTMENT OF JUSTICE

Ticket #: [REDACTED]
Cred Card #: AXXXXXXXXXXXX [REDACTED]
Agent ID: CLIQBO

Invoice Number: 130889
Invoice Date: 2/18/2011
Record Locator: [REDACTED]
Booked Date: 2/18/2011

	3/6/2011	Depart: SAN FRANCISCO, CA Arrive: WAS-DULLES, DC	9:37 am 5:48 pm	[REDACTED]	Flight #: [REDACTED]	Class: Y
		No Car Rentals				
		No Hotel Bookings				

Summary of Charges

[REDACTED] : \$329.70
\$329.70

Tabbard Inn to Fairmont
 CAB #3
 03/08/11 18:39p
 03/08/11 18:44p
 TRIP # 4027
 DIST 0.93 mi
 Rate 1 \$ 4.75
 EXTRAS \$ 3.50
 TOTAL \$ 8.25
 COMPLAINTS CALL 202 269 9000
 HAVE A NICE DAY!
 OH AG Dinner

NAAG DINNER / OH AG Dinner / Reception
TAXI CAB RECEIPT



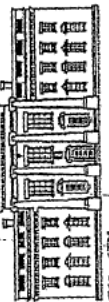
Time: 8:10
 Date: 3/8/11

Origin of trip: Citronelle Restaurant, D.C.

Destination: The Tabbard Inn

Fare: \$10 Sign: [Signature]

WOMENS DAY @ WH - to AG Dinner
TAXI CAB RECEIPT

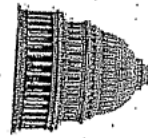


Time: 6:50 pm.
 Date: 3/8/11

Origin of trip: White House

Destination: Citronelle Restaurant

Fare: \$15 Sign: [Signature]



WOMENS DAY Event
TAXI CAB RECEIPT

Time: 4:10
 Date: 3/8/11

Origin of trip: Fairmont Hotel

Destination: White House

Fare: \$15 Sign: [Signature]

CLAIMANT'S NAME Kamala D. Harris			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT DOJ		
POSITION Attorney General			CB/D No.			DIVISION or BUREAU		
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 455 Golden Gate Ave.			INDEX NUMBER		
CITY			STATE			ZIP CODE		
San Francisco			CA			94102		

(1) NORMAL WORK HOURS

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED

(4) MONTH/YEAR 01-3/11		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY	
(5) DATE TIME				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING.	(D) PRIVATE CAR USE			
											MILES			AMOUNT
1/19	1500	Travel to Sacto; overnight in Sacto	95.73			18.00					0.00		113.73	
1/20	1800	Sacto		6.00	10.00		6.00				0.00		22.00	
1/25	1450	Travel to LA; overnight in LA	93.54			18.00					0.00		111.54	
1/26	2150	Travel to Sacto; Sacto back to SF		6.00	10.00	18.00	6.00				0.00		40.00	
											0.00		0.00	
2/2	1045	Travel to Sacto; overnight in Sacto	95.73		10.00	18.00					0.00		123.73	
2/3	1300	Travel from Sacto to SF		6.00			6.00				0.00		12.00	
2/28	1000	SF to Sacto; Sacto to Anaheim	105.30		10.00	18.00					0.00		133.30	
3/1	1730	Anaheim; travel back to SF		6.00	10.00		6.00				0.00		22.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(13) SUBTOTALS			390.30	24.00	50.00	90.00	24.00	0.00		0.00	0.00	0.00	578.30	

(14) COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$578.30

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Regular Sacto trips; Anaheim - CA Police Chiefs Assoc. event + fallen officer tribute.

AGENCY ACCOUNTING OFFICE USE ONLY
PAY BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE 	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE 3-16-11
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE AND TITLE (See Item 17 on reverse)		DATE	

Department of Justice - Atty General Office
1300 I Street, Suite 820
Sacramento, CA 95811

Guest Name: Harris, Kamala
Company Name: Department of Justice
Block Code: DEPT01

Account # DEPT01
Arrival: 03-08-11
Departure: 04-01-11
Page No.: 1 OF 1
Conf #:
Cashier 142

Date	Description	Charges	Credits
01-19-11	Room Charge Harris, Kamala, Room [REDACTED]	\$ 84.00	
	Occupancy Tax 12%	\$ 10.08	
	Tourism Assessment	\$ 1.65	
02-02-11	SubTotal		\$ 95.73
	Room Charge Harris, Kamala, Room [REDACTED]	\$ 84.00	
	Occupancy Tax 12%	\$ 10.08	
	Tourism Assessment	\$ 1.65	
	SubTotal		\$ 95.73
04-01-11	Payment		
	VISA xxxx-xxxx-xxxx [REDACTED]		191.46
Total			191.46
Balance			\$ -

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any of the full amount of these charges. I also agree that all charges contained

Signature: _____

STATEMENT

Department of Justice-Atty Gen Office
 Crystal Spencer
 1300 I Street, Suite 820
 Sacramento CA 95814
 United States

Date : 04-01-11

AVR Account Number : DEPT01

Amount Paid : \$ _____

Date	Inv. No.	Bill No.	Description	Debit	Credit	Balance
01-01-11			Balance as of 01-01-11			0.00
01-20-11	5208	68027	Harris, Kamala	95.73		95.73
02-03-11	5270	69389	Harris, Kamala	95.73		191.46
04-01-11			*Visa		191.46	0.00
			Balance Due			0.00

Aging Summary :

Up to 30	31 - 60	61 - 90	91 - 120	121 - 180	181 and Over
0.00	0.00	0.00	0.00	0.00	0.00

Thank you for your payment!

Rec'd 4/1/11

STATEMENT

Department of Justice-Atty Gen Office
Crystal Spencer
1300 I Street, Suite 820
Sacramento CA 95814
United States

Date : 03-08-11

AVR Account Number : DEPT01

Amount Paid : \$ _____

Date	Inv. No.	Bill No.	Description	Debit	Credit	Balance
01-20-11	5208	68027	Harris, Kamala	95.73		95.73
02-03-11	5270	69389	Harris, Kamala	95.73		95.73
Balance Due						191.46

Aging Summary :

Up to 30	31 - 60	61 - 90	91 - 120	121 - 180	181 and Over
0.00	191.46	0.00	0.00	0.00	0.00

Please remit payment to The Citizen Hotel. Thank you.

the westin south coast plaza
686 anton boulevard costa mesa, california 92626
phone 714.540.2500 fax 714.662.6695
westin.com/southcoastplaza

guest

Kamala Harris

CA

room 84.00
rate 1
no. pers. 1
folio 1
page 25-JAN-11 21:52
arrive 26-JAN-11
depart VI
payment

travel agent/charge to

date	reference	description	charges/credits
25-JAN-11	RT1127	Room Chrg Grp Association	84.00
25-JAN-11	RT1127	City/Local Tax - BIA	2.52
25-JAN-11	RT1127	Occupancy Tax	6.72
25-JAN-11	RT1127	Tourism Assessment	0.30
26-JAN-11	VI	Visa	93.54-
Balance Due			0.00

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

EXPENSE REPORT SUMMARY

Date	Room & tax	Food & Bev	Telephone	Other	Total	Payment
25-JAN-11	93.24	0.00	0.00	0.30	93.54	0.00
Total	93.24	0.00	0.00	0.30	93.54	0.00

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges. signature

As a Starwood Preferred Guest, you could have earned 168 Starpoints for this visit. Please provide your member number or enroll today.

Kamala Harris ROOM DEPART AGENT
FOLIO 25-JAN-11

WESTIN
HOTELS & RESORTS



DOUBLETREE
GUEST SUITES®

ANAHEIM RESORT/CONVENTION CENTER

2085 S. Harbor Blvd. • Anaheim, CA 92802
Phone (714) 750-3000 • Fax (714) 750-3002
For reservations across the nation
www.doubletreeanaheim.com or 1-800-222-TREE

Name & Address

HARRIS, KAMALA

US

Room
Arrival Date 2/28/2011 9:10:00PM
Departure Date 3/1/2011

Adult/Child 1/0
Room Rate \$84.00

RATE PLAN S-GVS
HH#
AL
BONUS AL

Confirmation:

3/1/2011 PAGE 1

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
2/28/2011	1422176					
2/28/2011	1422282			GUEST ROOM	\$84.00	
2/28/2011	1422282			OCCUPANCY TAX	\$12.60	
2/28/2011	1422282			ANAHEIM TOURISM FEE (ATID)	\$1.68	
2/28/2011	1422282			RESORT ASSESSMENT FEE	\$6.00	
2/28/2011	1422282			RESORT ASMT FEE TAX	\$0.90	
2/28/2011	1422282			ANAHEIM TOURISM FEE	\$0.12	
WILL BE SETTLED TO VS						
EFFECTIVE BALANCE OF					\$0.00	

Hilton HHonors
Points & Miles

Hilton HHonors(R) stays are posted within 72 hours of checkout. To check your earnings for this or any other stay at more than 3,000 Hilton Family hotels worldwide, please visit HiltonHHonors.com.

Thank you for choosing Doubletree! Come back soon to enjoy our warm chocolate chip cookies and relaxed hospitality. For your next trip visit us at doubletree.com for our best available rates!

EXPRESS CHECK-OUT

Good Morning! We hope you enjoyed your stay. With Express Check-Out there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
- For any charges after your account was prepared, you may:
 - + pay at the time of purchase.
 - + charge purchases to your account, then stop by the Front Desk for an updated statement.
 - + or request an updated statement be mailed to you within two business days.

Simply call the Front Desk from your room and tell us when you are ready to depart. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room.

Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

DATE OF CHARGE	FOLIO NO./CHECK NO.
219064	A
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	0.00

PAYMENT DUE UPON RECEIPT

PAYMENT DUE UPON RECEIPT - 1.5% PER MONTH INTEREST CHARGE WILL BE APPLIED TO ALL PAST DUE INVOICES.

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CLAIMANT'S NAME Kamala D. Harris			SSN or EMPLOYEE NUMBER [REDACTED]			DEPARTMENT OF JUSTICE		
POSITION Attorney General		CB/ID No.	DIVISION or BUREAU				INDEX NUMBER	
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS 455 Golden Gate Ave.				TELEPHONE NUMBER [REDACTED]	
CITY	STATE	ZIP CODE	CITY San Francisco		STATE CA	ZIP CODE 94102		

(1) NORMAL WORK HOURS

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED

(4) MONTH/YEAR 4-5/13		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
4/22	1400	Travel from SF to Sacramento	96.60			18.00						0	114.6	
4/23		Sacramento	96.60	6.00		18.00	6					0	126.6	
4/24	1700	Travel from Sacramento to SF		6.00			6					0	12	
5/5	1800	Travel from SF to Sacramento	96.75									0	96.75	
5/6		Sacramento	96.75	6.00		18.00	6					0	126.75	
5/7	1215	Travel from Sacramento to SF		6.00								0	12	
												0	0	
												0	0	
												0	0	
												0	0	
												0	0	
												0	0	
												0	0	
(13) SUBTOTALS			386.7	24	0	54	24	0		0	0	0	488.7	
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

482.76 488.7

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 April trip: Meetings
 May trip: Speaker at various Peace Officer Memorial ceremonies

AGENCY ACCOUNTING OFFICE
 USE ONLY
 PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE <i>[Signature]</i>	DATE 9-13-13	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>[Signature]</i>	DATE 10/9/13
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE

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I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any of the full amount of these charges. I also agree that all charges contained in this account are correct and any disputes or requests for copies of charges must be made at time of departure.
